



MARK BAVIS LEADERSHIP FOUNDATION

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Country _____ Home Phone _____ Email _____
 Birth Date _____ Social Security Number _____
 Mother's Name _____ Email _____
 Father's Name _____ Email _____
 Brother(s)/Sister(s) & Ages _____
 Brother(s)/Sister(s) attend High School or College at _____

Name of High School _____ Counselor's Name _____
 Address _____ City _____ State _____ Zip _____
 GPA (4.0 Scale) _____ SAT Score _____ Verbal _____ Math _____
 List your favorite hobbies 1. _____ 2. _____ 3. _____
 Who is your favorite hero _____

On a separate sheet of paper, please describe your leadership qualities and/or ways in which you have made a difference through your own personal efforts to help others.

Financial Aid Application

Winner's maybe required to submit a copy of last year 's income tax forms and a copy of a current pay stub for each working adult member of the household. If you do not file income tax forms, include a letter of validation from your source of income (I. E. Welfare Dept, Social Security, University).

Dependents, Age and Relationship _____

Who else lives in your household _____

Residence Own Single Family Own Multiple Family Rent

Gross income for the previous year

Wages and salaries _____

Income from other sources _____

Total Gross Income _____

Expenses

Medical (include insurance) _____

Rent or Monthly Mortgage (including Principal, Interest, and Taxes) _____

Tuition-Day School _____

Parochial School _____

Child Care _____

Number of Cars _____

Make _____ Year _____

Outstanding Loans _____

Total Monthly Loan Payments _____

Total Expenses _____

How much do you feel that you can afford toward tuition? _____

Please describe any special circumstances that affect your ability to pay regular tuition fees. _____

Signature of Adult _____ Date _____

Please return application to: PO Box 320129, West Roxbury, MA 02132